



Monthly Credit Card Payment Authorization Form

Please sign and complete this form to authorize YG Dental Technique, Inc. to make a monthly debit to your card on the 10th of every month for the work completed that previous month.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a monthly transaction for shipped products only. All produced work comes with a satisfaction guarantee.

Please complete the information below:

I _____ authorize YG Dental Technique, Inc. to charge my credit card account the 10th of each month for work shipped during the prior month.

Office Name: _____

Billing Address: _____

Phone #: _____

City, State, Zip: _____

Email: _____

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Holder Name: _____			
Account Number: _____			
Expiration Date: _____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			

SIGNATURE _____

DATE: _____

I authorize the above named business to charge the credit card indicated in this authorization to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.

Please email back to: ap@ygdentaltech.com.